



State of Arizona Board of Psychologist Examiners

CHANGE OF ADDRESS/INFORMATION FORM

- 1) The Board **MUST** receive your address change **IN WRITING**. Your **BUSINESS** address will be used for all public records requests. If you do not have a business address, your home address will be used.
- 2) If you wish to change your name, a copy of a marriage certificate, divorce decree, or other court document **MUST** be submitted along with the request.
- 3) According to **A.R.S. §32-2066(B)**, a licensee must inform the Board of any address change within 30 days.

Name: _____

License #: _____

HOME Address: _____

Phone: _____ **email:** _____

BUSINESS Address: _____

Phone: _____ **email:** _____

MAILING Address: _____

Address to be published on the *WEBSITE*: _____

Phone: _____ **email:** _____

Signature of Licensee: _____ **Date:** _____

Return Form To:

**Arizona Board of Psychologist Examiners
1400 West Washington, Suite 235
Phoenix, AZ 85007**

Fax: (602) 542-8279